

PART B - FEE(S) TRANSMITTAL

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7590 07/27/2005

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10/26/2005 TBESHAH2 00000083 231950 10792046

01 FC:1501 1400.00 DA

02 FE:1504

03 EC:8001 APPLICATION NO. 300.00 DA FILING DATE

FIRST NAMED INVENTOR

ATTORNEY DOCKET NO.

CONFIRMATION NO.

10/792,046

03/03/2004

Edward John Bright

18121 (AT 20958-2129)

4749

TITLE OF INVENTION: PLUGGABLE ELECTRONIC RECEPTACLE WITH HEAT SINK ASSEMBLY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	10/27/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
CHERVINSKY, BORIS LEO	2835	361-704000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	1. _____
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. _____
	3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Tyco Electronics Corporation

Middletown, PA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

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Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 3

A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 23-1950 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Robert Kapalka

Date

10/25/05

Typed or printed name

ROBERT KAPALKA

Registration No.

34198

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